

HOUSE BILL No. 1810

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-15-2.6.

Synopsis: Emergency room physician services. Requires that certain physician services provided in a hospital emergency department to a patient enrolled in the Medicaid risk-based managed care program by a physician who does not have a contract with the patient's managed care organization must be paid at 100% of the rates payable under the Medicaid fee structure.

Effective: July 1, 2003.

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January 23, 2003, read first time and referred to Committee on Public Health.

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Introduced

First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

HOUSE BILL No. 1810

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-15-2.6 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2003]: **Sec. 2.6. (a) This section applies to**
4 **physician services provided in the emergency department of a**
5 **hospital licensed under IC 16-21 to an individual enrolled in the**
6 **Medicaid risk-based managed care program by a physician who**
7 **does not have a contract with the enrollee's Medicaid risk-based**
8 **managed care organization.**
9 **(b) Payment for physician services described in subsection (a)**
10 **must be at a rate of one hundred percent (100%) of rates payable**
11 **under the Medicaid fee structure.**
12 **(c) The payment under subsection (b) must be calculated using**
13 **the same methodology used for all other physicians participating**
14 **in the Medicaid program.**
15 **(d) For services rendered and documented in an individual's**
16 **medical record, physicians must be reimbursed for federally**
17 **required medical screening examinations that are necessary to**

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1 determine the presence of an emergency (using the appropriate
2 Current Procedural Terminology (CPT) codes 99281, 99282,
3 99283, 99284, or 99285, described in the Current Procedural
4 Terminology Manual published annually by the American Medical
5 Association) without authorization by the enrollee's primary
6 medical provider or managed care organization.

7 (e) Payment for all other physician services described in
8 subsection (a) provided to enrollees in the Medicaid risk-based
9 managed care program must be at a rate of one hundred percent
10 (100%) of the Medicaid fee structure rates if the service is
11 authorized, prospectively or retrospectively, by the enrollee's
12 primary medical provider or managed care organization based on
13 information documented in the enrollee's medical record.

14 (f) A primary medical provider is not responsible for a payment
15 required under this section.

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